

APPLICATION REVIEW AND FEEDBACK FORM
MODEL CONTINUATION HIGH SCHOOL PROGRAM

CCEA District Number		Date:	
District:		County:	
School:	Phone:	Fax:	
Address:			Zip:
Principal:			
Reviewers:			
Application Screening – Level I			
I. Application meets minimum eligibility criteria? Yes No			
II. If ineligible, indicate reason(s): Late Incomplete Less than 2 years' operation Other			
Application Review – Level II			
Narrative Statements	Makes a Strong Case (3 points). Addresses each component, gives evidence and describes exemplary practices.	Makes an Adequate Case (2 points). Addresses each component, lacks evidence and description of exemplary practices.	Fails to Make a Case (1 point). Fails to address each component.
School Synopsis			
Administrator			
Staff			
Student			
Parent			
Community			
Total Score _____ Possible:18. Score of 15 or more will be considered for a site visit.			
Quality Indicators	If evidence validates that Quality Indicators are In Place, mark "Yes". If evidence is missing, mark "No" and list missing evidence by Indicator #		
School Management (17)	Yes No		
Curriculum (9)	Yes No		
Instructional Strategies (12)	Yes No		
Educational Climate (14)	Yes No		
Guidance and Counseling (8)	Yes No		